PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

indicated unless corrected maintenance fee notification	below or directed otherwise	in Block 1, by (a)	specifying a new c	orrespondence address	s; and/or (b) indicating a sep	arate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
20575 75	90 03/13/2006			-		
MARGER JOHNSON & MCCOLLOM, P.C. 210 SW MORRISON STREET, SUITE 400 PORTLAND, OR 97204				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
				Tina Miller (Depositor's name)		
				Jime Miller		(Signature)
				5-23-06		(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/678,421 10/02/2003 Lynn A			Lynn A. Russell		9725-078	9990
APPLN, TYPE	SMALL ENTITY	ISSUE FE			D OF PRODUCING THE MC	
			SB PC	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700		\$300	\$1000 T	06/13/2006
EXAMINER		ART UNI	T CI	ASS-SUBCLASS		
MILLER, JONATHAN R 36 1. Change of correspondence address or indication of "Fee Address" (37)		3653		209-313000		
Change of correspondence address of indication of Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to			
Number is required.	or more recent) attached. Use	e of a Customer	2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
	RESIDENCE DATA TO B			** *		
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)			
Western Wire Works, Inc. 4025 NW Express Avenue, Portland, OR 97210						
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🗹 Corporation or other private group entity 🗀 Government						
la. The following fee(s) are	enclosed:		. Payment of Fee(s):			
☐ Ssue Fee☐ Publication Fee (No small entity discount permitted)			A.check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # of Copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 131703 (enclose an extra copy of this form).			
_ •	(from status indicated above MALL ENTITY status. See	,	☐ b. Applicant is no	longer claiming SMA	LL ENTITY status. See 37 C	FR 1.27(g)(2),
The Director of the USPTO NOTE: The Issue Fee and P nterest as shown by the reco	is requested to apply the Issuublication Fee (if required) vords of the United States Pate	ie Fee and Publicati	ion Fee (if any) or to	re-apply any previous ian the applicant; a reg	ly paid issue fee to the application is tered attorney or agent; or the	ation identified above. he assignce or other party in
Authorized Signature		- The Life	Date 5-23-06			
Typed or printed name Jerome S. Marger				Registration No. 26,480		
Alexandria, Virginia 22313-	1450.	BEND FEES OR C	OMI LETED FORM	S TO THIS ADDRES	the public which is to file (an minutes to complete, includir omments on the amount of ti Trademark Office, U.S. Dep S. SEND TO: Commissioner displays a valid OMB control	for Patents, P.O. Box 1450,
Inder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.						